



STATE OF MISSOURI

OFFICE OF ADMINISTRATION, DIVISION OF PERSONNEL

TRANSFER/REEMPLOYMENT FORM FOR UNIFORM CLASSIFICATION AND PAY (UCP) AGENCIES

Employees and former employees have the option of applying directly to agencies for transfer and reemployment opportunities, respectively, or applying to the Division of Personnel for placement on Transfer and Reemployment lists. When applying to the Division of Personnel, this form is to be used. The Transfer and Reemployment lists, which are maintained by the Division of Personnel, are optional for use by the agencies, and do not necessarily guarantee consideration for transfer and reemployment opportunities. Individuals remain on the Division of Personnel's Transfer and Reemployment lists for a period of one year.

IDENTIFICATION AND PERSONAL DATA

LAST NAME	FIRST	MIDDLE	SOCIAL SECURITY NUMBER
HOME ADDRESS – STREET	CITY	STATE	ZIP CODE
PREVIOUS NAME(S) WORKED UNDER	TELEPHONE NUMBER-PRIMARY () -	SECONDARY () -	

I Request ☐ TRANSFER

(BOTH CRITERIA MUST BE MET)

I am:

☐ currently employed in the following classification

I have:

☐ successfully **completed** the **probationary period** associated with this classification

I Request ☐ REEMPLOYMENT

(ALL CRITERIA MUST BE MET)

I have:

☐ previously been employed in this/these classification(s)

☐ successfully completed the probationary period(s)

☐ separated from this/these classification(s) in good standing

Job Classification

(List only the classification you are currently holding)

Job Classification(s)

Types Of Employment You Would Accept:

☐ FULL TIME ☐ PART TIME

☐ TEMPORARY ☐ SUMMER

Counties Where Available For Employment

Other Employment Conditions

Types Of Employment You Would Accept:

☐ FULL TIME ☐ PART TIME

☐ TEMPORARY ☐ SUMMER

Counties Where Available For Employment

Other Employment Conditions

Date

Signature (Not required if submitting via e-mail.)

Return to: Division of Personnel, P. O. Box 388, Jefferson City, MO 65102
Fax (573) 526-5382
Email: percrt@mail.mo.gov